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DATE: MARCH 14, 2006

TO: Hard Copy to Follow via Mail: NO

NAME	FAX NO.	PHONE NO.
USPTO Group Unit: 2183	571-273-8300	

FROM: Jacquelyn Campbell - 2279

RE: U.S. Patent Application No. 10/791110
Method and System for Program Transformation Using Flow-Sensitive Type
Constraint Analysis
Timothy Chipman

CLIENT/MATTER NO.: 021404.0007US1	NUMBER OF PAGES, INCLUDING COVER: 6
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MESSAGE

Please see the attached Revocation of Power of Attorney and New Power of Attorney.
Thanks.

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2279/021404.0007US1-
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PTO/SB/21 (09-04)

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

5

Application Number 10/791,110

Filing Date March 2, 2004

First Named Inventor Timothy W. Chipman

Art Unit 2183

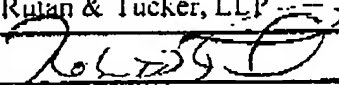
Examiner Name To be assigned

Attorney Docket Number 021404.0007US1

ENCLOSURES (Check all that apply)

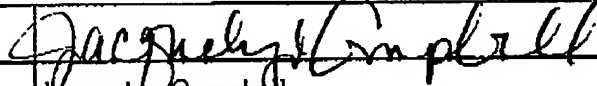
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	Remarks _____	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Rutan & Tucker, LLP		
Signature			
Printed name	Robert D. Fish		
Date	3/14/06	Reg No	33880

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P O Box 1450, Alexandria, VA 22313-1450 on the date shown below

Signature			
Typed or printed name	Jacquelyn Campbell	Date	03/14/2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	110/791,110
Filing Date	03/02/2004
First Named Inventor	Timothy Chipman
Art Unit	2183
Examiner Name	CHAKI, KAKALI
Attorney Docket Number	021404.0007US1

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

34284

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number

34284

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Michael Cornelius

Date

3/13/06

Telephone

(949) 453-3990

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

☐ Total of _____ forms are submitted

This collection of information is required by 37 CFR 1.58. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete the form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/98 (09-04)

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Lantronix, Inc.Application No./Patent No. 10/791110 Filed/Issue Date March 2, 2004

Entitled Method and System for Program Transformation Using Flow-Sensitive Type Constraint Analysis

Lantronix, Inc. a Corporation
 (Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

- 1 ☒ the assignee of the entire right, title, and interest; or
 2 ☐ an assignee of less than the entire right, title and interest
 The extent (by percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

- A ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached

OR

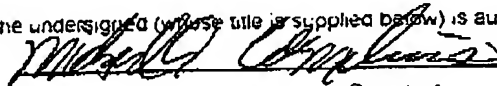
- B ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From _____ To: _____
 The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
2. From: _____ To: _____
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3. From: _____ To: _____
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☐ Additional documents in the chain of title are listed on a supplemental sheet.☒ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee



Signature

Michael Cornelius

Printed or Typed Name

General Counsel

Title

3/13/06

Date

(949) 453-3990

Telephone Number

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Patent
904-01-PA-T**ASSIGNMENT**

For valuable consideration, I, Timothy W. Chipman of Ames, IOWA and a citizen of United States of America; (hereinafter referred to as "Assignor") hereby assign to LANTRONIX INC., a corporation organized and existing under and by the virtue of the laws of the State of Delaware and having a place of business at 15353 Barranca Parkway, Irvine, California 92618, and its successors and assigns (collectively hereinafter called "the Assignee"), the entire right, title and interest throughout the world in the invention and improvements which are the subject of an application for United States Patent filed herewith, U.S. Serial No. _____, entitled "**METHOD AND SYSTEM FOR PROGRAM TRANSFORMATION USING FLOW SENSITIVE TYPE CONSTRAINT ANALYSIS**", and related applications and patents, this assignment including said application, any and all United States and foreign patents granted for any of said inventions or improvements, including all divisions, continuations, reissues, continuations-in-part and extensions thereof, and the right to claim priority based on the filing date of said application and based on the filing date of any provisional application of which said application claims the benefit under the International Convention for the Protection of Industrial Property, the Patent Cooperation Treaty, the European Patent Convention, and all other treaties of like purposes; and I authorize the Assignee to apply in all countries in my name or in its own name for patents and like rights of exclusion and for inventor's certificates for said inventions and improvements; and I agree for myself and my heirs, legal representatives and assigns, without further compensation, upon request to perform such lawful acts, to promptly provide Assignee with all pertinent facts and documents relating to said invention or application as may be known and accessible to me, to testify in any interference or litigation related to said invention or application and to sign such further applications, assignments, Preliminary Statements and other lawful documents as the Assignee may reasonably request to effectuate fully this Assignment.

Patent
904-01-PA-T

WITNESS my hand at AMES, IA
this 23 day of DECEMBER, 2003.


TIMOTHY W. CHIPMAN

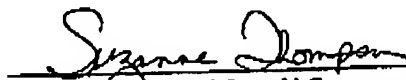
STATE OF Iowa)
COUNTY OF Story) ss

On Dec. 23, 2003 before me, Suzanne Thompson, personally appeared
TIMOTHY W. CHIPMAN.

☐ personally known to me - OR - ☒ proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.




Notary Public in and for said County and State